

TOWN OF DEWEY-HUMBOLDT P.O. BOX 69 HUMBOLDT, AZ 86329 Phone 928-632-8643 Fax 928-632-7365

Complaint and Investigation Request

Office Use			Intake Initia	Intake Initials:		
Date Received:			Case Numb	Case Number:		
Intake:	O Phone	O Fax	O Mail	O In Person	O Email/Internet	
Name of Pers	son Making Co	mplaint:				
Street Addres	SS:					
City:			State:		Zip:	
Work Phone:			Home Phor	ne:	•	
Parcel of Complaint/Violation:						
Owner Name	: <u> </u>					
Occupant Na	me:					
Nature of the Complaint/Reason for investigation:						
	· 					
I CERTIFY (OR DECLARE) THAT THE FOREGOING IS TRUE AND CORRECT.						
		,				
Complainant:Signature				Date:		
Name:	ŭ					

Every attempt is made to keep complaints confidential but cannot be guaranteed.